

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10582923

FILING DATE

6-29-2006

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 1 st AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		8				
3		1				
4		2				
5		2				
6		①				
7		①				
8		①				
9		①				
10		①				
11			1			
12				/		
13				/		
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TOTAL IND.	1		1			
TOTAL DEP.	11		9			
TOTAL CLAIMS	12		10			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 1 st AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL DEP.						
TOTAL CLAIMS						